

**Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on
Wednesday, 13th December 2023 via MS Teams**

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (SY ICB, Barnsley)
Dr Mehrban Ghani (from 23/238)	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Sarah Hudson (left after 23/237)	Deputy Chief Pharmacist and Medicines Safety Officer (SWYPFT)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)
Dr Munsif Mufalil (from 23/234)	General Practitioner (LMC)
Dr Abdul Munzar	General Practitioner (LMC)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (SY ICB, Barnsley)
Deborah Cooke	Lead Pharmacist (SY ICB, Barnsley)
Joanne Howlett	Medicines Management Pharmacist (SY ICB, Barnsley)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (Community Pharmacy South Yorkshire)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Dr Madhavi Guntamukkala	Medical Director (SY ICB, Barnsley)
Elizabeth Lock	Clinical Quality Assurance Lead (SY ICB, Barnsley)
Tsz Hin Wong	Senior Interface Pharmacist (BHNFT)

**ACTION
BY**

APC 23/228 QUORACY

The meeting was quorate up to 23/237, therefore any proposed decisions/approvals from 23/238 onwards will be ratified for endorsement either outside the meeting by email or at the next meeting.

APC 23/229 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

The Chair invited declarations of interest relevant to the meeting agenda. The Head of Medicines Optimisation declared that she currently signs a variety of rebate agreements on behalf of the South Yorkshire ICB (Barnsley), none of which were applicable to today's agenda, noting that there is no personal financial gain and all savings from rebate schemes are re-invested into other local health services. The rebates are all in line with the recommended PrescQIPP guidance and the full list is available on the website. There were no further declarations of interest to note relevant to the agenda.

APC 23/230 DRAFT MINUTES OF THE MEETING HELD ON 8th NOVEMBER 2023

The minutes were approved as an accurate record of the meeting.

APC 23/231 MATTERS ARISING AND APC ACTION PLAN

23/231.1

Metolazone for Oedema Amber-G guideline (update)

The Lead Pharmacist, BHNFT advised that the guideline had been taken to the Heart Failure MDT to seek feedback in relation to monitoring and U&Es to be tested 3 days after dose changes, following feedback that this could be difficult in primary care as communication is unlikely to reach them within 3 days for this check to be undertaken.

The nursing staff agreed with the LMC GP's (MM) comments and amendments, and the wording in the guideline would be amended accordingly.

Agreed action: -

- The Lead Pharmacist, BHNFT to update the guideline and send to the January 2024 LMC meeting for endorsement.

GT

23/231.2

NICE HST (September 2023)

The Lead Pharmacist, BHNFT advised that the following NICE HST **was not** applicable for use at BHNFT: -

- HST28 Birch bark extract for treating epidermolysis bullosa

23/231.3

NICE TAs (October 2023)

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were** applicable for use at BHNFT:-

- TA924 Tirzepatide for treating type 2 diabetes (*discussed further at 23/250.2 below*)
- TA927 Glofitamab for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic treatments

The Lead Pharmacist, BHNFT advised that the following NICE TA **was not** applicable for use at BHNFT:-

- TA915 Pegunigalsidase alfa for treating Fabry disease

The Committee were awaiting a decision from the IMOC regarding the following NICE TA:-

- TA919 Rimegepant for treating migraine (*discussed further at 23/250.1 below*)

JH

23/231.4

Action Plan – other

BHNFT D1 issues

The Head of Medicines Optimisation advised the Committee that following issues raised around D1s in the Quality & Safety Committee, a meeting was held with the Interim Chief Pharmacist at BHNFT and colleagues, noting that actions were agreed to try and resolve the issues raised. A follow up meeting was to be arranged.

23/231.5

Oxygen Incidents

The Head of Medicines Optimisation has tried to obtain a response from those involved at BHNFT around the oxygen incidents reported and will continue to chase to bring an update back to the meeting.

The Lead Pharmacist, BHNFT advised that Dr Meghjee, Consultant Physician in Respiratory Medicine was overseeing this work, and that BHNFT have registered to re-audit the oxygen service. It was agreed

that the Head of Medicines Optimisation and the Lead Pharmacist, SWYPFT would meet with Dr Maghjee.

Agreed action: -

- A meeting with Dr Maghjee to be arranged.

NB

23/231.6

Inclisiran Amber Guideline (new)

The Lead Pharmacist, BHNFT to send the draft guideline to the January 2024 LMC and APC meetings.

GT

23/231.7

Dexcom One

The Lead Pharmacist, SY ICB Barnsley referred to discussions at a previous APC meeting when it was agreed that Barnsley would adopt one of the other South Yorkshire Place position statements, noting that since then, conversations have taken place at the IMOC regarding having a South Yorkshire-wide guideline.

Dexcom One was due to be added to the formulary when the supporting position statement/guidance was in place. It was noted that Medicines Management Team members were receiving queries from practices following requests to prescribe from other areas, and it was therefore proposed and agreed that that Dexcom One was included on the formulary with an amber classification, in line with the other South Yorkshire Places.

IMOC in due course will be reviewing the amber list, and as an interim measure, a link to the other Place based guidelines will be included on the BEST website so that there is information available for practices who may receive requests.

The Committee approved Dexcom One being added to the formulary with an amber classification. This update will be provided to the IMOC traffic light list sub-group.

DC

APC 23/232 FIDAXOMICIN FOR C DIFFICILE

The Lead Pharmacist, SY ICB Barnsley advised that this item was to be deferred following feedback that further discussion was required within BHNFT to get agreement as to the proposed approach. This will be brought to a future meeting and Dr Rao, Consultant Microbiologist/DIPC will confirm when this is to be included on the agenda.

An insight to the issues and why this was being brought to the Committee was provided, noting that Fidaxomicin was currently positioned in line with NICE, a second line option or for relapses or recurrences, but as there has been an increase in the number of recurrent cases, Dr Rao is proposing that for a temporary period of time, Fidaxomicin be used as a first line option to see if it makes an impact on the number of cases. This approach is awaiting approval within BHNFT.

APC 23/233 H2-RECEPTOR ANTAGONIST – FAMOTIDINE

The Lead Pharmacist, BHNFT presented the paper prepared by the Interface Pharmacist.

Since ranitidine was withdrawn from the global market, the only available H2-receptor antagonist on the Barnsley Formulary is cimetidine, which has a grey traffic light classification. Famotidine and nizatidine are both classified as non-formulary.

Cimetidine is the most cost-effective H2-receptor antagonist, however, is associated with multiple drug interactions and famotidine is the second most cost-effective H2-receptor antagonist, with famotidine 40mg tablets being the most cost-effective strength.

Due to the withdrawal of ranitidine and the multiple drug interactions associated with cimetidine it is proposed to the Committee to reclassify famotidine from non-formulary to formulary green.

The Committee approved the formulary green classification of famotidine.

APC 23/234 PROCESS FOR ISSUING PROPHYLACTIC ANTIVIRALS TO CONTACTS IN THE EVENT OF AN AVIAN INFLUENZA OUTBREAK IN BARNSELY

The Head of Medicines Optimisation advised that this process was discussed at the December LMC meeting, noting that some issues were raised around the funding for the prescribing and how that was going to be managed. It was agreed that the process would be brought back to the January 2024 LMC meeting, and that the Head of Medicines Optimisation would have discussions to try and resolve what the issues are around funding for delivery.

The Lead Pharmacist, SY ICB Barnsley to feedback and inform BMBC and other SY Place colleagues that are working on the process.

Agreed actions: -

- The Head of Medicines Optimisation to have discussions to try and resolve what the issues are around funding for delivery and feedback to the January 2024 LMC meeting.
- The Lead Pharmacist, SY ICB Barnsley to feedback and inform BMBC and other SY Place colleagues on the issues raised.

CL

DC

APC 23/235 POSSIBLE ALTERNATIVES TO UNLICENSED SPECIALS (UPDATE)

The Medicines Management Pharmacist presented the update, noting that this was an interim update due to the volume of new Drug Tariff unlicensed specials.

Updates include an additional paragraph regarding the Primary Care Prescribing Guidelines (Gold Guidelines) for liquid medicines; an update to the flowchart on page 31, and a paragraph added regarding using the actual medicinal product on some of the clinical systems, and this is to ensure no delay in community pharmacists obtaining the medicine. The LMC endorsed the update.

The Committee approved the interim update.

APC 23/236 FREESTYLE LIBRE PROTOCOLS (UPDATE)

The Lead Pharmacist, SY ICB Barnsley advised that feedback had previously been received on the guidance from the specialist service that they were struggling with capacity. The Head of Medicines Optimisation noted that apart from the issue raised regarding service capacity, no issues were raised with the content of the guidance.

Separately, the Medicines Management Team have recently become aware that the manufacturer has been undertaking work in GP practices commencing patients on Freestyle Libre. The BIDS service has informed a GP practice that BIDS are only initiating in patients currently under their service. This is being looked into further to find out what governance arrangements have been put into place.

The Committee endorsed the updated protocols, on the basis that we may have to make some amendments depending on if there is an expansion of services being delivered by other providers that we need to include.

The Medicines Management Pharmacist fed back a comment received regarding the adult contract and difficulty obtaining the patients signature if they are being trained virtually. It was suggested that the person who does the consultation obtains verbal agreement from the patient during the consultation to sign the contract on behalf of the patient.

APC 23/237 ORAL NUTRITIONAL SUPPLEMENTS (ONS) PRESCRIBING GUIDELINES IN PRIMARY CARE: ADULTS AGED 18 YEARS AND OVER (UPDATE)

The Medicines Management Pharmacist presented the updated guideline. It was noted that appendix 4 is a prescribing and reviewing algorithm, and that patients will be reviewed as part of the medicine's optimisation scheme.

Changes include: -

- The addition of Altraplen® Compact Daily (Milk-Based Ready-to-Drink ONS), part of the adult ONS MOS work.
- Prices and availability of products reviewed and amended.
- Altraplen® Compact Daily (Nualtra®) has been added to the guideline. This is identical to Aymes Actagain® 600 in terms of volume, nutritional content and cost. There are some concerns about Aymes Actagain® 600 availability thus the addition of the Nualtra® product safeguards against this by providing another very similar option.
- Aymes® Shake Compact/Ensure® Shake (made compact) remain 1st line products (powder) in primary care.
- Aymes Actagain® 600 and Altraplen® Compact Daily become the preferred choice if the above powders are unsuitable/contraindicated.
- There is an important note regarding dosage as 1 x Aymes Actagain® 600/Altraplen® Compact Daily is the equivalent of 2 x most other ONS. This is mentioned on the switching algorithm (Appendix 4).

The Committee approved the updated Adult ONS guideline.

Post meeting note: Altraplen compact daily will be added to the formulary as amber G.

APC 23/238 ADHD MEDICATION FROM PRIVATE PROVIDERS ASKING FOR SHARED CARE

The LMC GP (MM) spoke about inappropriate transfer of prescribing of ADHD medication from private providers to NHS GPs, giving examples of good and bad practice.

Given the increase in GP referrals to private providers due to the NHS waiting times, there was a request for clear guidance to be produced/endorsed by the APC/IMOC to protect and provide clarification to GPs and patients, and to aid conversations with patients.

The Head of Medicines Optimisation advised that there were commissioning rules around what obligation the commissioner has responsibility for in terms of paying, agreeing that a position statement, like Rotherham Place could be produced.

The Lead Pharmacist, SY ICB Barnsley shared information that the IMOC had previously agreed to endorse, namely the RTDC guidance on transfer of prescribing from private provider to NHS GP, noting that there was no national position statement. The document is intended as guidance and outlines principles to consider when handling these types of requests from private providers.

It was agreed that other South Yorkshire Place position statements and the RTDC guidance would be reviewed, and information brought back to the next meeting to agree a Barnsley Place position statement that GP practices should adhere to.

Agreed action:

- Information to be brought back to agree a Barnsley position statement.

CL/DC

APC 23/239 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

No guidelines to approve this month.

APC 23/240 FORMULARY REVIEWS

23/240.1 Formulary Review Plan

There were no changes to note.

APC 23/241 NEW PRODUCT APPLICATION LOG

There were no changes to note.

APC 23/242 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC) & SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

23/242.1 SYICB IMOC Ratified Minutes, 4th October and 1st November 2023

The minutes were shared for information.

23/242.2 SYICB IMOC Verbal Key Points – 1st November 2023

23/242.2.1 Somatrogon (Nglena®)

An application was brought for traffic light status of amber for somatrogon, noting that in the application it was clear that in Barnsley, somatropin is classified red, to be initiated by the Sheffield hospitals. The application was endorsed in terms of amber status; however, a statement would be added to the formulary that this would not be initiated in Barnsley.

The Lead Pharmacist, SY ICB Barnsley advised the Committee that several years ago, the APC endorsed the somatropin shared care guideline for patients that had been initiated it by, and were under the Sheffield service, and that information and a link to the shared care guideline was available on the BEST website. The proposal was that somatrogon, which is a once weekly growth hormone, would be incorporated into the shared care guideline that is currently on the BEST website. The LMC endorsed this change.

23/242.2.2 Melatonin

An application was brought to have one shared care guideline across South Yorkshire, and there were significant discussions considering all the different positions across South Yorkshire.

There was support for Sheffield to take the development of this forward, acknowledging that the guidance may need to reflect the differences across each of the Places.

23/242.2.3 SABA reduction proposal

This was endorsed.

Post meeting note: *The Barnsley asthma guideline is in the process of being updated to incorporate the use of ICS/LABA as a reliever in line with the GINA based approach.*

23/242.2.4 Alimemazine

The Lead Pharmacist, SY ICB Barnsley noted that Alimemazine was currently grey in Barnsley, with a position statement not supporting its use. Alimemazine was discussed in detail at the IMOC with a consensus that there could be a cohort of patients under the tertiary paediatric sleep clinic that may benefit from it. There was support at IMOC for producing a shared care protocol which would include stopping and review criteria. This would be brought back to a future IMOC meeting.

In the interim, as Barnsley GP practices are receiving requests from the clinic, the Committee agreed that wording would be added to the formulary to give clarity around the current position, advising that guidance was in development.

Agreed action: -

- The Lead Pharmacist and Medicines Management Pharmacist SY ICB Barnsley to provide wording to be added to the formulary.

DC/JH

23/242.2.5 Finerenone
IMOC have received a proposal to change the traffic light status of Finerenone for treating chronic kidney disease in Type 2 Diabetes from red to green. This would return to the February IMOC meeting for discussion. In the interim, the IMOC proposed a traffic light status of amber G. The IMOC were seeking support from the Place specialists and the Lead Pharmacist, BHNFT agreed to forward this request to Dr Uchebgu for response by 19th December 2023.

GT

APC 23/243 BARNSELY APC REPORTING

23/243.1 APC Reporting October 2023

The Lead Pharmacist, (SY ICB, Barnsley) presented the enclosure showing reports received directly into the APC reporting mailbox. There were 35 APC reports received for the month of October 2023.

23/243.2 APC Reporting October 2023 Key Themes

The summary report was presented, showing 53 reports in total, including 35 received directly into the APC reporting mailbox and 18 interface queries received directly to the BHNFT pharmacy team for the month of October 2023.

From the category breakdown, D1 communication issues form a significant proportion of reports received. Others related to a range of other categories including prescribing errors, dispensing error, hospital communication and medication supply issues.

Details relating to some of the significant issues from APC reports were shared and highlighted. These included D1 communication/ other discharge related (receipt of D1s, duplicate D1s, medication changes/information unclear or missing, supply related), Shared care, and Prescribing / Dispensing/Administration related issues.

Following discussion, it was agreed to differentiate between duplicate and multiple D1s within APC reporting going forward.

DC

23/243.3 APC Reporting October 2023 Interface Issues

The enclosure detailing the interface queries received directly within BHNFT pharmacy team was received and noted.

APC 23/244 NEW NICE TECHNOLOGY APPRAISALS

23/244.1 NICE TAs November 2023

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were** applicable for use at BHNFT:-

- TA929 Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction

Post meeting note: amber-G traffic light classification

- TA931 Zanubrutinib for treating chronic lymphocytic leukaemia

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT:-

- TA928 Cabozantinib for previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine (**not recommended**)
- TA930 Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments (**not recommended**)

- TA932 (**terminated appraisal**) Decitabine–cedazuridine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable
- TA933 (**terminated appraisal**) Replaces TA567 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies
- TA936 (**terminated appraisal**) Idecabtagene vicleucel for treating relapsed and refractory multiple myeloma after 3 or more treatments

The Lead Pharmacist, BHNFT **to advise** if the following NICE TAs are applicable for use at BHNFT:-

GT

- TA934 Foslevodopa–foscarnidopa for treating advanced Parkinson’s with motor symptoms

23/244.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

23/244.3 Feedback from SWYPFT NICE Group
There was no SWYPFT representative present for this item.

APC 23/245 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

23/245.1 Primary Care Quality & Cost-Effective Prescribing Group (QCEPG)
There was nothing relevant to report.

23/245.2 BHNFT
The Committee had previously been advised that the Trust were planning to switch from Daltaparin to Tinzaparin and were advised that they were aiming to go ‘live’ on 1st March 2024. The shared care guideline would be brought to the January/February 2024 APC meeting.

GT

For the clinical teams that have access to Medi-viewer and the internal Trust systems, the Lead Pharmacist wanted to advise that the Trust have recently gone ‘live’ with an electronic clerking document. Any issues should be reported to the Lead Pharmacist and the Interface Pharmacist to feedback to the EPMA team.

There was a brief discussion regarding the Trust working towards all records being electronic.

23/245.3 SWYPFT Drug and Therapeutics Committee
There was no SWYPFT representative present for this item.

23/245.4 Community Pharmacy Feedback
There was no community pharmacy representative present for this item.

23/245.5 Wound Care Advisory Group
There was nothing relevant to report.

APC 23/246 ISSUES FOR ESCALATION TO THE BARNESLEY PLACE QUALITY & SAFETY COMMITTEE (18th JANUARY 2024)

The updated Freestyle Libre Protocols and the standing updates on IMOC and APC Reporting/D1 issues would be escalated to the Barnsley Place Quality and Safety Committee.

CL

APC 23/247 FORMULARY ACTIONS

23/247.1 SPS New Medicines Newsletter October 2023

Received for information.

23/247.2 IMOC Horizon Scanning December 2023

The Medicines Management Pharmacist presented enclosure M detailing the traffic light classifications agreed at the December 2023 IMOC meeting. The formulary changes for Barnsley were highlighted as follows: -

- Atogepant (AQUIPTA®) – non-formulary grey
- Calcifediol (DOMNISOL®) – non-formulary grey
- Drospirenone (SLYND®) – non-formulary green
- Eladocagene exuparvovec (UPSTAZA®) – non-formulary red
- Respiratory syncytial virus vaccine (AREXVY®) – non-formulary grey
- Sirolimus gel (HYFTOR®) – non-formulary grey
- Spesolimab (SPEVIGO®) – non-formulary grey

The Lead Pharmacist, BHNFT to confirm if the following products would be classified as formulary or non-formulary red: -

- Levothyroxine injection (Levothyroxine SERB®)
- Glucarpidase (Voraxaze®)

The Committee approved the formulary changes.

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

Post meeting note: approval received by email; therefore, the formulary changes were approved by the Committee.

23/247.3 TLDL Sub-Group November 2023

The Medicines Management Pharmacist presented enclosure N detailing the traffic light classifications agreed at the November 2023 TLDL Sub-Group meeting. The formulary changes for Barnsley were highlighted as follows: -

- Methylnaltrexone bromide injection - change from non-formulary red to non-formulary grey (terminated NICE TAs)
- Telmisartan & Hydrochlorothiazide - add as non-formulary grey
- Mosunetuzumab - change from non-formulary provisional red to non-formulary grey (TA not recommended)
- Hepatitis A vaccine - change from non-formulary grey to formulary green as per NHS green book (remove brands)
- Hepatitis B vaccine - change from non-formulary grey to formulary green as per NHS green book (remove brands)
- Necitumumab - change from non-formulary provisional red to non-formulary grey (TA not recommended)
- Osilodrostat - change from non-formulary provisional red to non-formulary grey

The Committee approved the formulary recommendations.

GT

JH

Agreed action: -

- As the meeting was not quorate, approval will be obtained outside the meeting by email.

JH

Post meeting note: approval received by email; therefore, the formulary changes were approved by the Committee.

APC 23/248 MHRA DRUG SAFETY UPDATE (NOVEMBER 2023)

The update was noted with the following information highlighted relevant to primary care: -

Ozempic▼ (semaglutide) and Saxenda (liraglutide): vigilance required due to potentially harmful falsified products

Falsified, potentially harmful Ozempic▼ and Saxenda products have been found in the UK. We ask healthcare professionals to remind patients using these products to always obtain prescription medicines from a qualified healthcare provider and not to use products they suspect are falsified as this may lead to serious health consequences. We also ask healthcare professionals to remain vigilant for symptoms linked to hypoglycaemia in patients who may have obtained a falsified product containing insulin.

Nirmatrelvir, ritonavir (Paxlovid▼): be alert to the risk of drug interactions with ritonavir

There is a risk of harmful drug interactions with the ritonavir component of the COVID-19 treatment Paxlovid▼ due to its inhibition of the enzyme CYP3A, which metabolises many commonly used drugs. Prescribers should obtain a detailed patient history of current medications before prescribing Paxlovid, checking the Paxlovid product information for known and potential drug interactions.

Information regarding the interactions checker would be highlighted in the Medicines Management Newsletter.

DC

E-cigarette use or vaping: reminder to remain vigilant for suspected adverse reactions and safety concerns and report them to the Yellow Card scheme

Healthcare professionals should be vigilant for suspected adverse reactions and safety concerns associated with e-cigarettes and e-liquids, commonly known as vapes. Please report adverse reactions to the Yellow Card scheme and promote vigilance among patients. The MHRA is responsible for assessing whether the manufacturer or submitter has met the requirements in their notification for nicotine-containing e-cigarettes and e-liquids before the product comes to market. Trading Standards are responsible for enforcing the safety and quality of nicotine-containing e-cigarettes and e-liquids once they have been supplied to the UK market. The MHRA is also responsible for collecting and monitoring information about safety concerns related to these products through the Yellow Card Scheme.

APC 23/249 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)

The minutes from NHS South Yorkshire ICB Sheffield (19th October 2023) were received and noted.

APC 23/250 ANY OTHER BUSINESS

23/250.1 TA919 Rimegepant for treating migraine (noted at 23/231.3 above)

The Lead Pharmacist, SY ICB Barnsley advised that a red classification has currently been agreed by IMOC but with a view to discussing further with secondary care specialists.

23/250.2 TA924 Tirzepatide® for type 2 diabetes (noted at 23/231 above)

The Lead Pharmacist, SY ICB Barnsley advised that an amber G classification has been agreed by IMOC, noting that the definition of amber G would be amended to indicate specialist is defined as a clinician who has undertaken an appropriate formal qualification or recognised training programme, or who has the appropriate knowledge and competencies within the described area of practice.

There was a discussion regarding the different classifications for the diabetes and weight loss licensed indications and it was agreed that the Lead Pharmacist, SY ICB Barnsley would check if any separate discussions were planned to classify tirzepatide for weight loss.

DC

***Post meeting note:** The Mounjaro® license was extended in November 2023 to include weight management and weight loss. The traffic light classification for weight management and weight loss will be discussed and agreed following publication of the NICE TA for this indication (TA currently in development and is expected to be published March 2024).*

23/250.3 Birch Bark Extract (Filsuvez)

The Lead Pharmacist, BHNFT referred to the November 2023 IMOC minutes and the agreed red traffic light classification, noting that communication has been received from NHS England to say that it is not commissioned for use at any centres within Yorkshire and Humber. This was classified non-formulary red on the Barnsley formulary.

APC 23/251 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 10th January 2024 at 12.30 pm via MS Teams.